


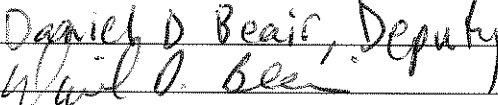
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**Kings County's 2011/2014  
System Improvement Plan Annual Update  
August 2012**

**Submitted by the Kings County Human Services Agency  
and Probation Department**



## California's Child and Family Services Review Three Year System Improvement Plan Annual Update

County:	Kings
Responsible County Child Welfare Agency:	Kings County Human Services Agency
Period of Plan:	10/6/2011-10/6/2014
Period of Outcomes Data:	(1) Quarter ending July, 2012
Date Submitted:	(2) August 1, 2012
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<b>Submitted by each agency for the children under its care</b>	
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Signature:	
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## 2011/2014 System Improvement Plan Narrative Update

### C4.3 Placement Stability (At Least 24 Months in Care)

Kings County's performance on this outcome measure was 37% at System Improvement Plan (SIP) submission on October 6, 2011. The county's goal was to improve its performance to meet the national standard of 41.8% by October 6, 2014. During preparation of Kings County's SIP, California's Department of Social Services (CDSS) was in negotiations with the United States Department of Health and Human Services/Administration for Children and Families (ACF) to extend the outcomes and accountability process from its three year cycle to five years. California has been approved to extend the process to a five year cycle. Due to Kings County falling into a transitional state, it has an option of extending its current 2011/2014 SIP another year on August 1, 2014, which it intends to do. Therefore, a modified SIP matrix is being submitted with new timelines for unmet goals through August 1, 2015.

According to the CWS Outcomes System Summary for Q1 2012 (July Report Publication), the county's performance for outcome factor C4.3 is 35%. The county's performance did not improve, but dropped. The wraparound program is a collaborative between the Human Services Agency, Behavioral Health Administration, and Kings View Counseling Services. Although CPS continues to refer children and youth needing services, eligibility requirements include meeting severe medical necessity, a bar many foster children cannot reach. Therefore, this is a barrier in serving all children needing wraparound services to stabilize their placements. This partially explains why referrals are low and this program is having a minimal impact on outcome factor C4.3. In addition, staff need constant training to remind them of the referral process, eligibility requirements, and program services available.

A training for all CPS staff was provided on the wraparound program in August of 2012. It is hoped the training will increase referrals to some extent, but again the major barrier is the eligibility requirements to enter the program. Many children who move multiple times have minor diagnoses such as Attention Deficit Hyperactivity Disorder (ADHD), which does not qualify them for the wraparound program. Since the Behavioral Health Administration is utilizing funding associated with the Mental Health Services Act, we have been told the bar cannot be lowered.

A manager has been assigned as a liaison between the Human Services Agency, Behavioral Health Administration, and Kings View Counseling Services for the wraparound program. She is focusing on how to improve the county's performance on this outcome in addition to resolving any concerns arising about the wraparound program. She has been meeting with staff involved in the wraparound program, brainstorming how to improve the referral rate and services. She also monitors outcomes of the wraparound program. She meets regularly with the Deputy Director of Social Services to discuss the results of her assessments and meetings, as well as to make decisions on how to address concerns that have arisen.

Referrals for children in care 24 months or longer have risen this past year, as well as cases accepted for wraparound services. The CPS Public Health Nurse (PHN) has been attending the

wraparound staffings and contributing to discussion on any health related issues that arise for the children.

Another strategy to help the county's performance on this outcome was to mandate CPS Social Workers to refer all children above the age of 3 years to Kings View Counseling Services for a mental health screening and to prepare policies and procedures for the referral process. The county has met this goal. Kings View Counseling Services was audited by its accreditation team last year; it reported how impressed the team was by the significant rise in mental health screenings conducted for foster children, a goal they have wanted met for numerous years. The policies and procedures were also written and published for CPS staff to access. Each Supervisor has a printed policy and procedure manual in their offices for staff to have immediate accessibility to. Training is done regularly on the policies and procedures to remind staff on proper protocol.

Admission into mental health services as a result of mental health screening recommendations is done timely in the county. Services are provided as needed.

The last strategy to improve county performance for this outcome would have the most positive impact, but has not been complied with by staff or Foster Family Agencies. The county expected staff to have a team meeting when 7 notices are given by the foster parent. This has not been happening. In addition, Foster Family Agencies have been moving the county's children against regulations or notifying the county, which has further impacted this outcome area. Further, the county has found numerous, serious deficiencies in FFA compliance with licensing regulations, causing the county to move children.

Management had several meetings with management of the most utilized FFA in the county, Karing 4 Kids, about concerns it had about failure to comply with licensing regulations, inadequate background checks, and serious injuries in foster homes. The county finally placed a hold on the entire FFA pending corrective action to include training their foster parents on the new licensing regulations, getting all their homes up to standards, and ensuring quality recruitment efforts. It finally met standards, lifting the county's hold on placements.

A larger issue, however, is the fact FFAs move children without alerting the county, which significantly contributes to instability for children. Management is currently preparing MOUs to enter into with FFAs the county uses for placements. The MOUs will specify our expectations relating to compliance with licensing regulations, safety practices, and placement preservation. A draft has been prepared for refinement and finalization at this point. Upon finalization, we will meet with FFAs most utilized and request entering into the agreements.

### **C1.1 Timely Reunification Within 12 Months (Exit)**

Kings County's performance on this outcome measure was 37% at System Improvement Plan (SIP) submission on October 6, 2011. According to the CWS Outcomes System Summary for Q1 2012 (July Report Publication), the county's performance for outcome factor C1.1 is 75.3%. The county has met the national standard of 75.2%, but consistency is desired. This is the first quarter the county met the national standard over the past year.

The Drug Dependency Court has been largely successful, reunifying families as they work toward sobriety. It has helped increase visitation, led to earlier visitation, and earlier reunification in several cases. It has expanded to serving more adults and children. The DDC treatment liaison is proactive at getting referrals from staff, conducting immediate assessments, and holding team meetings wherein discussion on the program's outcomes is held. Training is consistent for newly hired staff, as well as tenured personnel.

The county does not have a plan, however, for this program in 2013. Of concern is the fact CPS' Juvenile Court Judge lost the election this year. He has been the Judge most invested in this program, helping get it started and making it a success. The Director attempted to discuss solutions to keep this program going with the other Judges, but the meetings were uneventful. We will keep the state updated on this strategy next year.

Celebrating Families! has also been instrumental in helping reunify families. It continues to provide a high quality program that receives funding from the Child Abuse Coordinating Council and Behavioral Health Administration. It consistently participates in the CPS MDT meetings, contributing information, referrals, and services. There have been instances wherein the case plans created by its parent organization, Champions Recovery Systems, and CPS case plans contradict one another. Management from both organizations have worked to resolve those issues as they arise.

The Supportive and Therapeutic Options Program (STOP) continues to provide funding and services to individuals needing AOD and mental health services. The contract was maximized this year and a new contract is currently in place for 2012/2013. Management over CPS and Kings View Counseling Services continue to partner on any concerns and quickly come to resolutions that are beneficial for the clients. Kings View also participates regularly in the CPS MDT meetings, contributing information about the families, progress they are making or not making, and services they can offer. Clients continue to complete surveys after their participation in MDT meetings, which are very positive. Comments indicate they feel comfortable in the setting, but most importantly, supported and helped.

Finally, the Family Preservation and Support Program (FPSP) was completely overhauled during this past year in order to assist with this outcome measure. The FPSP Social Worker was previously consumed with providing parenting classes; however, most of the participants were Probation clients. She was therefore, unable to assist with meeting this outcome area or to do social work. Management terminated the in-house parenting program, referred staff to other parenting classes in the community for clients, and returned the FPSP Social Worker to her role as a social worker. She does, however, continue to provide parenting education to clients on her caseload in the home. The FPSP regularly participates in CPS MDT meetings, providing valuable information, education, and services to families. The FPSP has two B.S.W. California State University, Fresno interns assigned to her during the 2012/2013 school year. They will be able to increase social work services provided to this at risk population of clients.

### **C2.5 Adoption Within 12 Months (Legally Free)**

Kings County's performance on this outcome measure was 47.4% at System Improvement Plan (SIP) submission on October 6, 2011. According to the CWS Outcomes System Summary for Q1 2012 (July Report Publication), the county's performance for outcome factor C2.5 is 71.4%. The county has exceeded the national standard of 53.7%. It will continue to monitor outcomes in this area closely, especially since the county assumed sole oversight and responsibility for adoption services on January 11, 2012.

CASA's Advisory Board continues to be supported by the county. CASA became fully implemented during this past year and is continuing. There have been staffing changes with a new Director coming on board who is committed to the program succeeding and working with CPS in partnership. CASA utilizes a standardized training curriculum provided by National CASA. CASA advocates have been appointed to children in Permanency Planning to assist with adoption and long term stability. CASA advocates are trained on concurrent planning. CASA and the Human Services Agency have entered into a MOU to run CWS/CMS background checks on advocates to ensure advocates are safe to be around children.

The Agency and CDSS worked closely together on development of its adoption proposal. Technical assistance was provided to the county by CDSS on development of the adoption program. CDSS was also supportive assisting in the transition of adoption services from the Fresno District Office to the county. The county has been struggling recruiting and retaining LCSWs, however. It continues to be creative in this regard. The county has one LCSW and is now staffing adoptions with two permanent M.S.W. staff. The county has also allocated two Department Specialists to assist with paperwork.

Kings County was the first county to assume adoption services from CDSS in approximately ten years. In the new world of 2011's realignment, the county was able to assume responsibility of adoption services quickly and efficiently. Since it was the pioneer for other counties, we are sought out to provide technical assistance and training to counties making the same decision. Several counties have received technical assistance, training, and have conducted site visits to gain more detailed information on our adoption program. We have shared any and all information we have to assist those counties, including CWS/CMS assistance.

A completed adoption policy and procedure manual has been finalized and published for all adoption staff and management. As the program progressed this year, additional policies have been written with more detailed procedures. Training has been conducted on the new policies and procedures with all staff by supervisors.

It has been a busy year for Kings County, but worth the effort!

Outcome/Systemic Factor: C1.1 Timely Reunification Within 12 Months (Exit)

County's Current Performance: 58.9% (July 2011 Quarterly Data Report for Study Time Frame January 1, 2009 – December 31, 2009)

The County's goal over the next three years is to meet the federal outcome of 75.2%.

Improvement Goal 1.0: Continued Implementation and Enhancement of the County Drug Dependency Court

Strategy 1.1 The Drug Dependency Court Coordinator will continue to grow the newly implemented program.	<input type="checkbox"/>	CAPIT	Strategy Rationale The primary barrier to timely reunification is substance abuse, causing clients' recovery and rehabilitation to be stagnant, unstable, or too slow for the reunification outcome standard. In an effort to assist clients with high risk substance abuse problems reunify timely, they require more intensive treatment. The DDC provides a treatment team, intensive treatment requirements, judicial support and monitoring, as well as numerous treatment incentives to further support this goal.
	<input type="checkbox"/>	CBCAP	
	<input type="checkbox"/>	PSSF	
	<input checked="" type="checkbox"/>	CWSOIP	
1.1.1: The DDC Team will assess effectiveness of the treatment program.	Timeframe		Assigned to
	Ongoing through August 1, 2015		
	Ongoing to August 1, 2015		
	Ongoing to August 1, 2015		
Milestone 1.1.2: As new treatment and resource needs are identified by the DDC Team, the AOD Liaison will discuss with management how to enhance the program. 1.1.3: Management will meet with the AOD Liaison to decide how to provide additional resources as needed by the DDC and with the Judge to monitor program success.	Timeframe		Assigned to
	Ongoing to August 1, 2015		
	Ongoing to August 1, 2015		
SIP Strategy 1.1 Update: One Program Manager has been assigned as a liaison between the AOD Liaison coordinating the DDC and Kings View Counseling Services, the treatment program throughout the past year. He is responsible for program oversight to include monitoring outcomes, ensuring adequate resources are provided for operation of the program, and resolution of any issues that arise. The DDC team meets weekly with the Judge to discuss individual DDC cases, as well as any resources needed by the program. As a result, the DDC has been effective this past year, significantly enhanced, and progressed to a point at which we can label it as a success.			

Strategy 1. 2: The DDC will expand to serve more clients, especially high risk substance abusers with children ages 0-5.		<input type="checkbox"/>	CAPIT	Strategy Rationale Children ages 0-5 are at highest risk of abuse and neglect and the largest foster care population in this county. Efforts need to be aimed toward our most vulnerable children, providing more intensive substance abuse treatment services to their parents.
		<input type="checkbox"/>	CBCAP	
		<input type="checkbox"/>	PSSF	
		<input checked="" type="checkbox"/>	CWSOIP	
Milestone		Timeframe		Assigned to
1.2.1: The DDC will serve at least 25 clients (current clients enrolled are 16).		Ongoing to August 1, 2015		
1.2.2: Referrals to the DDC by CPS SSWs will increase due to consistent education, information, and outreach efforts to explain the benefits of the program.		Ongoing to August 1, 2015		
1.2.3: Training will be arranged for newly hired staff to explain the program, referral process, and benefits for clients.		Ongoing to August 1, 2015		
SIP Strategy 1.2 Update: The DDC has expanded to serve children above the ages of 0-5. CPS SSWs refer clients to the DDC ongoing as they are very familiar with the program. All newly hired CPS staff the past year were trained on the DDC policies, procedures, and referral processes on July 3, 2012. Training includes attendance at DDC hearings. This past year, 34 parents and 63 children were served through the DDC, far exceeding our goal. 32 children under 5 years old were served and 31 over the age of 5 years were served.				
Strategy 1. 3: Clients participating in the program will reunify timely.		<input type="checkbox"/>	CAPIT	Strategy Rationale The primary goal of the DDC is to reunify families timely, but safely. Provision of these intensive services should result in earlier reunification as parents recover and stabilize.
		<input type="checkbox"/>	CBCAP	
		<input type="checkbox"/>	PSSF	
		<input checked="" type="checkbox"/>	CWSOIP	
Milestone		Timeframe		Assigned to
1.3.1: Program participants will be provided with additional visitation as they progress in their program.		Ongoing to August 1, 2015		
1.3.2: Program participants will be provided with overnight visitation after their sobriety is consistent for longer periods of time.		Ongoing to August 1, 2015		
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						Reunification Requires Approval of the Supervisor and/or Manager)	
1.3.3: Program participants will successfully graduate the program.		Ongoing to August 1, 2015				Kings View Counseling Services' AOD Liaison & Assigned CPS SSW (Changes in Visitation & Reunification Requires Approval of the Supervisor and/or Manager)	
SIP Strategy 1.3 Update: Program participants have received additional visitation, including overnight visitation, as they have progressed in treatment; however, not as consistently as envisioned. The Deputy Director of Social Services will review the SIP with all managers and supervisors to ensure they have a full understanding of its expectations, especially with regard to the DDC's correlation with timely reunification. The Kings County's DDC graduated its first group of participants in May of 2012; 10 individuals successfully completed the program. 22 children are at home with their parents under FM services. 14 parents successfully reunified with their children as a result of DDC participation. 7 children were placed in permanent plans.							
Improvement Goal 2.0: Celebrating Families! will provide services to families with CPS intervention aimed toward prevention of substance abuse relapse and recurrence of child abuse or neglect.							
Strategy 2. 1: Celebrating Families! will assist families in completing the program; at least 60% of families enrolling in services will successfully complete them.				<input checked="" type="checkbox"/>	CAPT	Strategy Rationale The baseline completion rate for Celebrating Families! is historically 50% of enrollees or lower. Findings of the CSA reiterate a need in this county to focus intervention efforts on substance abuse addiction, a primary contributor of child abuse and neglect in this area.	
				<input checked="" type="checkbox"/>	CBCAP		
				<input type="checkbox"/>	PSSF		
				<input type="checkbox"/>	N/A		
2.1.1: Celebrating Families! will conduct outreach to ensure families receiving Family Reunification Services receive referrals to the program, updating CPS prior to new sessions beginning, so that each session is full.		Ongoing through August 1, 2015				Champions Recovery Alternative Program, Inc.	
2.1.2: Celebrating Families! will inquire on its exit survey why the client is terminating the program, if prior to program completion.		Ongoing through August 1, 2015				Champions Recovery Alternative Program, Inc.	
2.1.3: Celebrating Families! will assess results of the surveys and make program adjustments if needed to increase the program completion rate.		Ongoing through August 1, 2015				Champions Recovery Alternative Program, Inc.	
Milestone		Timeframe		Assigned to			

SIP Strategy 2.1 Update: Celebrating Families! continues to provide services to CPS clients, ensuring flyers are sent for each new class session to maximize participation rates. Exit surveys are completed by clients. Clients report learning new information and enjoying the sessions. A meeting was conducted between CPS management and the Director of Celebrating Families! this year to discuss how to incorporate more clients into the sessions. Modifications were made to the program as a result. The program made adjustments to be open to leveled entries, allowing clients to begin midstream in the curriculum and complete the program during the next session. Participation rates have increased. In fiscal year 2011/2012, 67.2% of clients completed the program. 39 parents total completed the program.

Strategy 2.2: Celebrating Families! will assist families to reunify within 12 months.

<input checked="" type="checkbox"/>	CAPIT	Strategy Rationale Findings of the CSA indicate the county continues to struggle with reunifying families timely. They need additional supports and services throughout the reunification process to rehabilitate and stabilize for earlier return of their children, especially with regard to engagement at initial intervention.
<input checked="" type="checkbox"/>	CBCAP	
<input type="checkbox"/>	PSSF	
<input type="checkbox"/>	N/A	

Milestone	Timeframe	Assigned
2.2.1: Celebrating Families! will participate in the CPS MDT meetings to provide information and referrals to services offered by its own program or Champions Recovery Alternative Services, Inc.	Ongoing through August 1, 2015	Champions Recovery Alternative Program, Inc.

2.2.2: Celebrating Families! will, through provision of its services, help parents abstain from substance abuse and stabilize so they may reunify earlier.	Ongoing through August 1, 2015	Champions Recovery Alternative Program, Inc.
2.2.3: Celebrating Families! will assist with child supervision during services if approved by CPS so that the parents and children can fully participate in services from the beginning of CPS intervention.	Ongoing through August 1, 2015	Champions Recovery Alternative Program, Inc.

SIP Strategy 2.2 Update: Celebrating Families! continues to be a consistent attendee at the CPS MDT meetings, contributing significantly. Representatives provide referral information, as well as review how clients are progressing in services. Celebrating Families! assists with child supervision if appropriate so that parents may continue participating in the program if their children are in out of home placements. 16 graduating parents have reunified within the timeframe of 12 months.

Strategy 2.3: Case Plan Services will be coordinated to ensure clients are receiving needed resources, but not overwhelmed.

<input type="checkbox"/>	CAPIT	Strategy Rationale A large contributor to clients not reunifying timely can also be overwhelming, unnecessary case plans. In order to support clients in their recovery and reunify timely, case plans need to be coordinated, not overwhelm the client,
<input type="checkbox"/>	CBCAP	
<input type="checkbox"/>	PSSF	
<input checked="" type="checkbox"/>	CWSOIP	

		and be supportive.	
Milestone	2.3.1: Clients will receive strength-based, client-centered case planning services.	Ongoing to August 1, 2015	Champions Recovery Alternative Program, Inc. & CPS
	2.3.2: Case Plans will be flexible, allowing for changes, depending on client needs.	Ongoing to August 1, 2015	Champions Recovery Alternative Program, Inc. & CPS
	2.3.3: Parties will communicate and collaborate when preparing case plans with clients.	Ongoing to August 1, 2015	Champions Recovery Alternative Program, Inc. & CPS
<b>SIP Strategy 2.3 Update: CPS and Celebrating Families! have been communicating and meeting to better coordinate case plans. Thus far, resolutions have resulted in streamlined case plans on behalf of families.</b> <b>Improvement Goal 3.0: Clients receiving Family Reunification Services who do not meet medical necessity or cannot afford share of costs for substance abuse treatment will receive therapeutic and AOD services.</b>			
<b>Strategy 3.1: The Supportive and Therapeutic Options Program (STOP) will provide therapeutic services to clients receiving FR Services as approved by management.</b>		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> CWSOIP	<b>Strategy Rationale</b> There have been several large AOD and mental health funding cuts in the county over the past 2 years, necessitating a way to assist clients in paying for these services if they are unable to pay, can only pay for a small portion, and/or if they do not meet medical necessity for Medi-Cal to pay. In order for families to reunify sooner, they must have comprehensive AOD and mental health services, especially dual diagnosis services, which can only be provided in this county by Kings View Counseling Services and available to STOP clients.
Milestone	3.1.1: Clients needing these services will be referred and screened for the program.	Ongoing to August 1, 2015	Kings View Counseling Services & CPS
	3.1.2: Referrals will be monitored closely to ensure funding is available for the most financially needy clients.	Ongoing to August 1, 2015	Kings View Counseling Services & CPS
	3.1.3: Barriers identified will be discussed and resolved timely.	Ongoing to August 1, 2015	Kings View Counseling Services & CPS

**SIP Strategy 3.1 Update:** There is one Program Manager assigned as a liaison between CPS and Kings View Counseling Services to determine client eligibility for the STOP. STOP services include mental health and AOD due to cuts made in the AOD budget. The STOP contract was maximized this past fiscal year. Communication between management in both departments has been consistent and positive.

**Strategy 3.2: The Supportive and Therapeutic Options Program (STOP)** will provide AOD services to clients receiving FR Services as approved by management.

<input type="checkbox"/>	CAPIT
<input type="checkbox"/>	CBCAP
<input type="checkbox"/>	PSSF
<input checked="" type="checkbox"/>	CWSOIP

**Strategy Rationale**  
There have been several large AOD and mental health funding cuts in the county over the past 2 years, necessitating a way to assist clients in paying for these services if they are unable to pay, can only pay for a small portion, and/or if they do not meet medical necessity for Medi-Cal to pay. In order for families to reunify sooner, they must have comprehensive AOD and mental health services, especially dual diagnosis services, which can only be provided in this county by Kings View Counseling Services and available to STOP clients.

- 3.2.1:** Clients requiring AOD treatment services without adequate financial resources to fully fund treatment will be given priority for STOP referrals and funding.
- 3.2.2:** Referrals will be closely monitored to ensure funding is available for the most financially needy clients.
- 3.2.3:** Barriers identified will be discussed and resolved timely.

**Timeframe**

- Ongoing to August 1, 2015
- Ongoing to August 1, 2015
- Ongoing to August 1, 2015

**Assigned to**

- Kings View Counseling Services & CPS
- Kings View Counseling Services & CPS
- Kings View Counseling Services & CPS

**SIP Strategy 3.2 Update:** Clients needing AOD services without the financial means to pay for them are referred to the STOP where they receive timely services. Funding has been sufficient to cover services for these individuals falling in the gap of not meeting medical necessity nor sufficient income.

**Strategy 3.3: Kings View Counseling Services** shall participate in the CPS MDT meetings to provide information and referrals to services, in collaboration with the CPS SSW, to assist families with reunification.

<input type="checkbox"/>	CAPIT
<input type="checkbox"/>	CBCAP
<input type="checkbox"/>	PSSF
<input checked="" type="checkbox"/>	CWSOIP

**Strategy Rationale**  
Families require comprehensive services and support to be successful with their case plans. Kings View Counseling Services is the primary mental health provider for CPS families in the county, providing various therapeutic resources on their behalf. In addition to providing CPS families in FR with information and service referrals to all of their services, they also provide information and referrals to STOP. It is a vital part of FR Services that they

				are present to assist with ensuring families have all needed resources to aid in timely reunification.	
Milestone	3.3.1: A Kings View Counseling Services representative will participate actively in the MDT process monthly.	Ongoing to August 1, 2015		Kings View Counseling Services	
	3.3.2: Services, information, and referrals shall be given to clients directly and followed up on to ensure clients accessed the services and they were helpful.	Ongoing to August 1, 2015		Kings View Counseling Services	
	3.3.3: Clients will complete feedback surveys to assist with enhancement of the MDTs, specifying whether the services provided were helpful.	Ongoing to August 1, 2015		CPS	
	SIP Strategy 3.3 Update: Kings View Counseling Services has been present in the CPS MDT meetings to provide input on individual client progress in services, as well as to accept new referrals as needs arise during the meetings. MDT surveys are given to every client who participates in the meetings. Feedback provided indicates clients feel they are receiving information, referrals, and services needed.				

**Improvement Goal 4.0: The Family Preservation and Support Program will provide services to clients receiving Family Reunification Services in an effort to assist their timely reunification.**

**Strategy 4.1: The Family Preservation and Support Program will provide in-home and classroom setting parenting education, instruction, and guidance to assist parents with acquisition of knowledge, skills, and abilities to properly parent their children.**

<input type="checkbox"/>	CAPIT	<b>Strategy Rationale</b> Many parents receiving FR Services do not require intensive parenting services such as those offered by Celebrating Families! They may need education and information that is generalized about effective parenting and discipline strategies in an effort to afford them with useful knowledge, skills, and abilities to aid in timely reunification. The FPSF offers classroom parenting services for CPS clients in an effort to achieve these goals.
<input type="checkbox"/>	CBCAP	
<input checked="" type="checkbox"/>	PSSF	
<input type="checkbox"/>	N/A	

**4.1.1: The FPSP will enhance its outreach efforts to educate CPS staff about new parenting class openings by e-mail and flyers.**

**4.1.2: The FPSP will provide CPS SSWs with regular progress reports on how clients are participating and learning new information.**

**4.1.3: The FPSP will invite CPS SSWs to graduations.**

**Strategy 4. 2: The Family Preservation and Support Program will participate in CPS MDT meetings to provide information, service referrals, and community resources to families.**

<input type="checkbox"/>	CAPIT	<b>Strategy Rationale</b> The FPSP can explain its program and services to families in person at the MDTs and the referral process. It also possess a vast knowledge base of community services available families may benefit from and succeed in so that information and referrals to those services can assist them with rehabilitation for timely reunification.
<input type="checkbox"/>	CBCAP	
<input checked="" type="checkbox"/>	PSSF	
<input type="checkbox"/>	N/A	

**4.2.1: The FPSP will attend regular, monthly MDT meetings.**

**4.2.2: The FPSP will participate actively and provide information, referrals, and services to families based on their unique needs.**

Timeframe		Assigned to
Ongoing to August 1, 2015	FPSP	
Ongoing to August 1, 2015	FPSP	

4.2.3: The FPSP will coordinate closely with the CPS SSW to ensure families access and utilize the services.		Ongoing to August 1, 2015		FPSP & CPS
Strategy 4.3: The Family Preservation and Support Program will train and oversee interns from the B.S.W. and M.S.W. programs at Fresno State University to provide services to families receiving Family Reunification Services.		<input type="checkbox"/>	CAPIT	
		<input type="checkbox"/>	CBCAP	
		<input checked="" type="checkbox"/>	PSSF	
		<input type="checkbox"/>	N/A	
		Strategy Rationale Due to decreasing funds every year in the PSSF program there is one SSW remaining. The Agency rotates Social Services Assistants from CPS units to assist her; however, it is not sufficient for the case management work part of the FPSP. In order to further assist families to reunify timely, the FPSP can utilize interns for added support.		
Milestone		Timeframe		Assigned to
4.3.1: Transportation services for clients will assist them with accessing and utilizing services in their case plans.		Ongoing to August 1, 2015		FPSP
4.3.2: Added case Management services will increase the support needed for families to reunify more timely.		Ongoing to August 1, 2015		FPSP
4.3.3: Client satisfaction surveys will be completed to ensure program goals are being achieved.		Ongoing to August 1, 2015		FPSP



Describe any additional systemic factors needing to be addressed that support the improvement plan goals.
<ol style="list-style-type: none"> <li>1. Celebrating Families! and CPS will need to work more closely together to ensure case plans are coordinated, client-centered, and realistic. Management will need to monitor the working relationship and practice conflict resolution as those arise.</li> <li>2. As the Drug Dependency Court continues to operate and assess its effectiveness over time, some structural modifications may be necessary, including treatment, curriculum, incentives, court calendar/scheduling, and internal policies and procedures.</li> </ol>
Describe educational/training needs (including technical assistance) to achieve the improvement goals.
<ol style="list-style-type: none"> <li>1. The DDC Team may need ongoing training and/or TA that we have available through the county Administrative Office of the Courts representative. This individual has been very helpful thus far arranging peer site visits and providing training opportunities.</li> <li>2. CPS staff will need to be trained, ongoing, on the DDC referral process, policies, and purpose.</li> <li>3. The MDT may benefit from additional training and team building.</li> </ol>
Identify roles of the other partners in achieving the improvement goals.
<ol style="list-style-type: none"> <li>1. All partners, including Celebrating Families!, the DDC Team, Kings View Counseling Services, Family Preservation and Support Program, and CPS need to work closely and cooperatively together to achieve the goals.</li> <li>2. All partners will provide cross referrals and cross training to one another, educating staff in each organization on the various services available and referral processes.</li> <li>3. This is the first year, Kings County CAPCC is adding a peer support component. Each partner funded by CAPCC will be required to conduct a peer quality review of another program.</li> </ol>
Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.
None.



Outcome/Systemic Factor: C2.5 Adoption Within 12 Months (Exit)

County's Current Performance: 47.4% (July 2011 Quarterly Data Report for Study Time Frame January 1, 2009 – December 31, 2009)

The County's goal for the next three years is to meet the federal outcome standard of 53.7%.

Improvement Goal 1.0: Develop and Implement a Court Appointed Special Advocate Program (CASA)

Strategy 1. 1: Retain an effective CASA Advisory Board to effectively implement the new program.	<input checked="" type="checkbox"/> CAPIT	Strategy Rationale Findings of the PQCR and CSA indicate additional services are needed to assist families with finalization of adoptions timely.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> CWSOIP	
1.1.1: The CAPCC, CPS, and Probation will support the CASA Advisory Board by assigning members to participate in board meetings and subcommittees.	Ongoing through August 1, 2015	CAPCC, CPS, and Probation
1.1.2: The CASA Advisory Board will meet regularly to develop and implement program policies and procedures.	Ongoing through August 1, 2015	
1.1.3: The CASA Advisory Board will develop an Agreement with the Court Administrative Office to implement a CASA program.	Ongoing through August 1, 2015	
Assigned to		Champions Recovery Alternative Program, Inc.
SIP Strategy 1.1 Update: The CASA Advisory Board has met monthly throughout the past year. CASA submitted a proposal during the CAPCC RFP process, successfully receiving a grant award of \$30,000. CPS and Probation continue to send representatives to the CASA Advisory Board meetings. The CASA program has been successfully implemented this year. As part of that implementation hearing, CASA developed and jointly implemented an Agreement with the CAO.		
Strategy 1. 2: Implement a mandated training program for CASA volunteers, including concurrent planning and the adoption process and requirements.	<input checked="" type="checkbox"/> CAPIT	Strategy Rationale Findings of the PQCR and CSA indicate training on the adoption process, regulations, and requirements for any service provider advocating for timely adoptions is needed.
	<input type="checkbox"/> CBCAP	
	<input type="checkbox"/> PSSF	
	<input type="checkbox"/> N/A	
1.2.1: A standardized training program curriculum will be developed, addressing, in part, the adoption process, regulations, and requirements.	Goal Completed	Assigned to
		Champions Recovery Alternative Program, Inc. & CPS

	1.2.2: CASA volunteers will provide foster children with advocacy to finalize their adoptions timely.		Ongoing through August 1, 2015		Champions Recovery Alternative Program, Inc.
	1.2.3: CASA volunteers will be trained on concurrent planning policies and procedures and monitor progress for foster children on their caseloads.		Ongoing through August 1, 2015		Champions Recovery Alternative Program, Inc.
SIP Strategy 1.2 Update: CASA has a standardized training curriculum that includes concurrent planning and adoption. CASA's first group of 13 volunteers was successfully trained in the curriculum this past year.					
Strategy 1. 3: Recruit, screen, and retain CASA volunteers to work with foster children assigned by the Juvenile Court.		<input checked="" type="checkbox"/>	CAPIT	Strategy Rationale Findings of the PQCR and SIP indicate foster children require an added voice to advocate for effective concurrent planning and adoption services.	
		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input type="checkbox"/>	N/A		
1.3.1: CASA volunteers will be recruited from various sections of the community.		Ongoing through August 1, 2015		CAPCC, CPS, Probation, and Champions Recovery Alternative Program, Inc.	
1.3.2: CASA volunteers will be screened to ensure their criminal and CPS backgrounds do not pose a danger to the safety of children.		Ongoing through August 1, 2015		Champions Recovery Alternative Program, Inc., & CPS	
1.3.3: CASA volunteers will be retained for a child appointed by the Juvenile Court for a time period at least during his/her Juvenile Court Jurisdiction.		Ongoing through August 1, 2015		Champions Recovery Alternative Program, Inc.	
SIP Strategy 1.3 Update: CASA volunteers were recruited and properly screened prior to being sworn in by the Presiding Juvenile Court Judge on May 1, 2012. CASA and CPS communicated and shared information relating to any child welfare history located through CWS/CMS. As a result, two individuals were not sworn in as CASA advocates. This system is effective screening out individuals who may not be appropriate to work with foster children. 15 children thus far have CASA advocates appointed to them. However, it is too soon to measure whether the CASA advocate remains consistently appointed during the child's Juvenile Court jurisdiction. CASA volunteers are diverse; they are recruited from various areas of the community to include individuals with varying backgrounds including health, foster parents, community citizens, and education.					

**Improvement Goal 2.0: Develop a Plan for Adoptions Services Within the Human Services Agency/Child Protective Services Division**

**Strategy 2.1: Develop an adoption services proposal for the county to assume program and fiscal oversight of adoption services on behalf of foster children within its jurisdiction.**

<input type="checkbox"/>	CAPIT	Strategy Rationale Findings of the PQCR and CSA indicate a need for the county to provide adoption services on behalf of its foster children.
<input type="checkbox"/>	CBCAP	
<input type="checkbox"/>	PSSF	
<input checked="" type="checkbox"/>	N/A	

Milestone	Timeframe	Assigned to
2.1.1: Request Technical Assistance from CDSS for developing the proposal.	Goal Completed	Human Services Agency Director
2.1.2: Work closely with CDSS to develop a proposal draft for adoption service provision.	Goal Completed	Human Services Agency Deputy Director

2.1.3: Finalize an adoption service proposal with CDSS approval.	Goal Completed	Human Services Agency Deputy Director
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**SIP Strategy 2.1 Update: Kings County developed and submitted an Adoption Program Proposal to CDSS. CDSS provided technical assistance. This goal was met.**

Strategy 2.2: Analyze and assess current CPS organizational structure for incorporation of adoption services.		<input type="checkbox"/>	CAPIT	Strategy Rationale Development of internal adoption services requires assessment of the division's current organizational structure and analysis of potential impacts of changes.
		<input type="checkbox"/>	CBCAP	
		<input type="checkbox"/>	PSSF	
		<input checked="" type="checkbox"/>	N/A	

Milestone	Timeframe	Assigned to
2.2.1: Assess where adoption services will fall within the current organizational structure of the CPS Division.	Goal Completed	Human Services Agency Management
2.2.2: Decide what additional resources, if any, the organization will require to implement its own adoption services.	Goal Completed	Human Services Agency Director and Deputy Director
2.2.3: Ensure the necessary resources are available to implement adoption services.	Goal Completed	Human Services Agency Director and Deputy Director

**SIP Strategy 2.2 Update: The Kings County Adoption Program was successfully implemented. The organizational structure was assessed for appropriate placement of the program within the Social Services Division umbrella. Additional resources needed have been provided such as CWS/CMS workstations, desks, locking file cabinets, and adoption policy and procedure manuals.**

<b>Strategy 2.3: Research county-driven adoption services to assist in determining the best model to pursue for Kings County's foster children.</b>		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A	<b>Strategy Rationale</b> Development of internal adoption services requires research on different models of practice to incorporate what will be a best fit with this county.
<b>Milestone</b> 2.3.1: Inquire for adoption service proposals, policies, and procedures from other counties to review. 2.3.2: Communicate with counties providing their own adoption services to receive feedback on what works for them and what does not. 2.3.3: Conduct site visits with peer counties to learn how their adoption services work.	<b>Timeframe</b> Goal Completed Goal Completed Goal Completed	<b>Assigned to</b> Human Services Deputy Director Human Services Deputy Director Human Services Deputy Director	
<b>SIP 2.3 Update: Some research was conducted on peer county adoption programs. Policies and procedures were reviewed from Tulare County. An experienced Tulare County Adoption Worker met with our Adoption Program Supervisor to review their home study process. Since Kings County was the first to assume responsibility for adoptions since Tulare County (10 years), it had to do a great deal of the work from scratch. When researching adoption regulations, it became clear the state regulations were seriously out of date, thus causing more in depth research to occur in order to implement the program. Kings County has provided information, training, and documents to peer counties to assist them in their efforts.</b>			
<b>Improvement Goal 3.0: Train current CPS staff and the Family Preservation and Support Social Worker on concurrent planning, Agency Policies &amp; Procedures, and requirements of the adoption finalization process.</b>			
<b>Strategy 3.1: Training shall be arranged for all CPS staff and the FPSB SSW to further aid pre-adoptive parents in completing the adoption process timely.</b>		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input checked="" type="checkbox"/> PSSF <input type="checkbox"/> N/A	<b>Strategy Rationale</b> Until the county can be approved to conduct its own adoption services, and thereafter, all CPS staff and the FPSB SSW need training, as indicated in the PQCR and CSA on how to better assist pre-adoptive parents with completing all necessary steps to finalize adoptions within 12 months of the child becoming legally free.
<b>Milestone</b> 3.1.1: The CDSS Adoptions Branch will be asked to provide training on the adoption process and requirements to finalize an adoption. 3.1.2: A trainer will be identified to provide information on the concurrent planning	<b>Timeframe</b> Goal Completed Goal Completed	<b>Assigned to</b> Human Services Agency Deputy Director Human Services Agency Deputy Director	

model, as well as foundation for its use.					
3.1.3: A training will be successfully completed with CPS staff and the FPSB SSW.		Goal Completed		Human Services Agency Supervisor assigned to Training	
SIP Strategy 3.1 Update: This strategy was not implemented due to the agency assuming total oversight for adoption services on January 11, 2012.					
Strategy 3.2: Agency Concurrent Planning and Adoption Referral Policies and Procedures shall be reviewed with all CPS staff.		<input type="checkbox"/> CAPIT <input type="checkbox"/> CBCAP <input type="checkbox"/> PSSF <input checked="" type="checkbox"/> N/A		Strategy Rationale	
Milestone	3.2.1: A complete Policy and Procedure Operating Manual will be printed and placed in each unit within CPS.	Goal Completed		Social Services Division Office Supervisor	
	3.2.2: Each CPS Supervisor will train their staff on the Adoption Referral P&P.	Goal Completed		All CPS Supervisors	
	3.2.3: Supervisors shall have all staff trained sign in on a Staff Development Form.	Goal Completed		All CPS Supervisor	
	SIP Strategy 3.2 Update: A Policy and Procedure Operating Manual has been printed and placed in each unit within CPS for easier access by staff. Supervisors have trained their staff on the new adoption referral policies and procedures.				

**Describe any additional systemic factors needing to be addressed that support the improvement plan goals.**

1. Adoption Policies and Procedures will be required prior to provision of county-driven adoption services.
2. Incorporation of adoption forms into county templates and in paper form, pursuant to the organization's current structure, will be required.
3. Additional staff may need to be added to the Department's Budget and approved by the County Administrative Office, as well as Board of Supervisors.
4. Fiscal processes will need to be modified to support an adoption program locally.

**Describe educational/training needs (including technical assistance) to achieve the improvement goals.**

1. The County will need technical assistance from CDSS to develop an adoption program.
2. The County will need training from CDSS or additional resources to develop an adoption program.
3. The County will need fiscal information and potentially training to support an adoption program.

**Identify roles of the other partners in achieving the improvement goals.**

1. CDSS Adoptions, Fresno will be needed to assist in training staff on the adoption process and requirements.
2. CAPCC, CPS, and Probation are needed to assist Champions Recovery Alternative Program, Inc. with CASA development and implementation to make it successful, as well as ongoing effectiveness on behalf of our foster children.
3. The Kings County Administrative Office and Board of Supervisors are vital partners in supporting the Department with development and implementation of internal adoptions services.
4. The Juvenile Court is needed to fully support the CASA program for it to be successful.
5. The Juvenile Court is needed to fully support the Human Services Agency's efforts to provide adoption services.

**Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.**

1. None noted.

Outcome/Systemic Factor: Placement Stability (At Least 24 Months in Care)				
County's Current Performance: 37% (July 2011 Quarterly Data Report for Study Time Frame January 1, 2009 – December 31, 2009)				
The County's goal for the next three years is to meet the federal outcome standard of 41.8%.				
Improvement Goal 1.0: The Kings County Wraparound Program will continue to expand with collaboration between the Behavioral Health Administration and CPS to include children who have been in foster care 24 months or longer.				
Strategy 1. 1: The county will assess current effectiveness of the program.	<input type="checkbox"/>	CAPIT	Strategy Rationale The intent of wraparound services is to stabilize children in placement, preventing multiple moves in foster care, alleviating negative psychological, behavioral, educational, and social effects on the children. The county previously focused on improving the placement stability rate for children in care 8 days to 12 months. The county made progress. The county now wants to focus on children in care 24 months or longer due to the lower performance in this outcome area. Wraparound services for these children are crucial since they have experienced the most placements, on average, than any other child in care.	
	<input type="checkbox"/>	CBCAP		
	<input type="checkbox"/>	PSSF		
	<input checked="" type="checkbox"/>	N/A		
Milestone		Timeframe		
1.1.1: All clients participating in the program since conception will be assessed to determine their placement stability throughout CPS involvement while participating in wraparound services.	Ongoing through August 1, 2015		Assigned to	
1.1.2: The wraparound team will meet to discuss whether there are any ways to improve the referral process and/or service provision.	Ongoing through August 1, 2015		Behavioral Health Administration & CPS	
1.1.3: Management will meet to discuss the assessment results.	Ongoing through August 1, 2015		Behavioral Health Administration & CPS	
SIP Strategy 1.1 Update: The wraparound program is currently serving 9 children. Four of the children have been in care 24 months or longer and have remained in their current placement for one year or longer and appear to be stable in placement. A total of 23 children have been served in the program and had their cases closed. Of these 18 children have been in care 24 months or longer.				



Seven have been in 2 placements or less and 11 children have been in 3 or more placements. 4 of these children remain in group homes and 3 are currently within the Probation Department's jurisdiction. The children most stable in placement are in relative care or were returned to their parents.

The wraparound team meets bi-weekly to discuss progress and stability of the child's behavior and placement, as well as ways to improve service provision and/or the referral process.

Strategy 1. 2: Enhancements will be made to the wraparound program as determined by the assessment results.

<input type="checkbox"/>	CAPIT	Strategy Rationale Now that the county is wanting to focus on placement stability for children in foster care 24 months or longer, some program enhancements may be needed to capture this targeted group.
<input type="checkbox"/>	CBCAP	
<input type="checkbox"/>	PSSF	
<input checked="" type="checkbox"/>	N/A	

Milestone	Timeframe	Assigned to	
1.2.1: Referrals for children in foster care 24 months or longer will be a targeted goal.	Ongoing through August 1, 2015	Behavioral Health Administration & CPS	
1.2.2: CPS staff will be retrained on the program, referral process, and purpose.	Ongoing through August 1, 2015	Behavioral Health Administration & CPS	
1.2.3: Management will meet to discuss whether modifications have improved the number of these referrals and outcomes for these children.	Ongoing through August 1, 2015	Behavioral Health Administration & CPS	

SIP Strategy 1.2 Update: Services have been including children in placement 24 months or longer. Four children are currently being served that meet this target population.

A collaborative training is being coordinated between CPS, Kings View Counseling Services, and the Behavioral Health Administration for CPS and Probation staff. Topics will include mental health screening, wraparound policies and procedures, eligibility requirements, and the referral process.

Wraparound referrals are decreasing; therefore, the training is intended to assist in increasing referrals to the program.

Strategy 1. 3: The CPS CHDP PHN will be integrated into the wraparound team as needed.

<input type="checkbox"/>	CAPIT	Strategy Rationale Many children in foster care 24 months or longer require the added services and support of the CHDP PHN for special medical and dental services, including specialized referrals, information, and training for the foster parents and children. Her services will add significant support for this foster child population.
<input type="checkbox"/>	CBCAP	
<input type="checkbox"/>	PSSF	
<input checked="" type="checkbox"/>	CWS/OIP	



Milestone		Timeframe		Assigned to	
1.3.1: For any child participating in wraparound services, the PHN will participate in any team meetings.		Ongoing through August 1, 2015		Behavioral Health Administration & PHN	
1.3.2: The PHN will provide information, referrals, services, and training as needed.		Ongoing through August 1, 2015		PHN	
1.3.3: The PHN will work closely with the treatment providers and foster parent to support their efforts on behalf of the children.		Ongoing through August 1, 2015		PHN	
SIP Strategy 1.3 Update: The foster care PHN attends bi-weekly wraparound team meetings to contribute pertinent medial information regarding the children. The PHN participates actively. She provides medical and birth history, current and potential conditions that may arise regarding the children's health. The PHN arranges for services on behalf of the children if needed. She also provides training and information needed to assist caretakers. The PHN ensures follow up is completed with medical providers. She also provides one on one training to foster parents, probation, and other providers, to ensure support is provided on behalf of the children.					

Improvement Goal 2.0: All children receiving CPS services except those 0-3 years of age, upon intake, will participate in a mental health screening.

Improvement Goal 2.0: All children receiving CPS services except those 0-3 years of age, upon intake, will participate in a mental health screening.					
Strategy 2.1: Policies and Procedures will be developed to assist CPS SSWs with the referral process.		<input type="checkbox"/>	CAPIT	Strategy Rationale Research supports conducting initial mental health screening on foster children as an early identification mechanism of any concerns for immediate access to services. Conducting mental health screenings on all children at intake will help identify a need for services early, get children the needed resources, and assist with maintaining placements long term.	
		<input type="checkbox"/>	CBCAP		
		<input type="checkbox"/>	PSSF		
		<input checked="" type="checkbox"/>	N/A		
Milestone		Timeframe		Assigned to	
2.1.1: Referral process requirements will be gathered and incorporated into a P&P.		Goal Completed		CPS Management	
2.1.2: Form requirements such as release of information and consents to treat shall be gathered and incorporated into a P&P.		Goal Completed		CPS Management	
2.1.3: The P&P will be finalized.		Goal Completed		CPS Management	
SIP Strategy 2.1 Update: Policies and procedures have been developed to assist CPS staff with the mental health screening referral process, including all necessary forms and consent to treatment. The policies and procedures have been finalized.					
Strategy 2.2 : CPS staff will receive training on the		<input type="checkbox"/>	CAPIT	Strategy Rationale	

P&P.		<input type="checkbox"/>	CBCAP	In order for CPS SSWs to implement the P&P requiring all children to receive a mental health screening upon intake, they require training on the referral process and required forms.
		<input type="checkbox"/>	PSSF	
		<input checked="" type="checkbox"/>	N/A	
Milestone		Timeframe		Assigned to
2.2.1: Training will be completed, providing staff with the P&P and answering any questions they may have.		Ongoing through August 1, 2015		CPS Management
2.2.2: As issues arise or concerns need to be addressed, management will discuss and modify the P&P as needed.		Ongoing through August 1, 2015		Kings View Counseling Services & CPS Management
2.2.3: The P&P will be printed and provided to each unit in CPS for quick reference.		Goal Completed		CPS Management
Strategy 2.2 Update: The policies and procedures have been printed and incorporated into a user friendly binder for each unit to access quickly. All staff have been trained on the process.				
Strategy 2.3: All children, as a result of the mental health screenings, are recommended to receive mental health services, shall receive said services.				
Milestone		Timeframe		Assigned to
2.3.1: When recommended, children shall be admitted into mental health services immediately.		Ongoing through August 1, 2015		CPS
2.3.2: Children's progress shall be closely monitored.		Ongoing through August 1, 2015		CPS
2.3.3: Family services shall be provided when recommended.		Ongoing through August 1, 2015		CPS
SIP Strategy Update: All children 3 years and older are completing a mental health screening at Kings View Counseling Services. Children are admitted to mental health counseling if a need for services is determined. Admission is timely.				
Improvement Goal 3.0: Extraordinary efforts shall be made to provide services to maintain placements.				
Strategy 3.1: When 7 day notices to move foster children are given, a team meeting shall be convened between the foster parent, SSW, and child, if the child is		<input type="checkbox"/>	CAPIT	Strategy Rationale Past research indicated children are being moved too easily in many cases, because of the child's behavior,
		<input type="checkbox"/>	CBCAP	
		<input type="checkbox"/>	PSSF	

old enough to participate. If the placement facility is an FFA or Group Home, personnel shall also be present.		<input checked="" type="checkbox"/>	N/A	child's request, and/or choosing of the foster parent. It is vital children's placements remain stable, utilizing as many efforts and resources possible to retain children in stable homes.
Milestone	3.1.1: Upon receiving a 7 day notice to move a foster child, a team meeting will be held within 2 days in an effort to preserve the placement.	Ongoing through August 1, 2015		CPS will arrange the meeting.
	3.1.2: Resources and services shall be explored to help preserve the placement.	Ongoing through August 1, 2015		CPS shall explore attainment of any resources needed to preserve the placement with management approval.
	3.1.3: If needed, written agreements shall be developed between the CPS SSW, foster parents, and any other party to enhance communication, behavior modification, incentives, etc. to maintain the placement.	Ongoing through August 1, 2015		All parties
SIP Strategy 3.1 Update: Staff are actively working toward having meetings on all 7 day notices to move children. Implementation has been inconsistent with some staff holding the meetings and others are not. The FR Supervisor will be making more efforts to strive toward consistent implementation. The PP staff are more consistent in efforts to save placements, but the PP Supervisor will also be more diligent in implementation on a consistent basis. Management will also be contacting FFAs used most frequently to advise them these meetings need to be held, as well as more creative methods to preserve the placements.				

<p>Describe any additional systemic factors needing to be addressed that support the improvement plan goals.</p> <ol style="list-style-type: none"> <li>1. CPS management and supervisors will be required to provide close oversight of foster care placement moves and notices to move in an added effort to ensure they are complying with the SIP.</li> <li>2. Behavioral Health Administration and CPS will need to discuss assessment strategies, possible modifications of the structure, and implement changes.</li> <li>3. Policies and Procedures for mental health screening need to be completed.</li> <li>4. The PHN will need to be incorporated into the team as needed.</li> </ol>
<p>Describe educational/training needs (including technical assistance) to achieve the improvement goals.</p> <ol style="list-style-type: none"> <li>1. Staff will need to be trained on the mental health screening P&amp;P and any modifications.</li> <li>2. Staff will need to be re-educated about the SIP requirement not to move children without evidencing and documenting active efforts to preserve the placements</li> <li>3. Staff will need to be trained on any changes to the wraparound process, if needed.</li> </ol>
<p>Identify roles of the other partners in achieving the improvement goals.</p> <ol style="list-style-type: none"> <li>1. All partners will need to collaborate and work together very closely to improve processes.</li> <li>2. Partners will need to be willing to examine effectiveness of their programs and be motivated to make enhancements.</li> <li>3. Placement partners will need to be willing to assist CPS with placement maintenance and provision of resources to make that happen.</li> </ol>
<p>Identify any regulatory or statutory changes needed to support the accomplishment of the improvement goals.</p> <p>None.</p>

Outcome/Systemic Factor: Emancipation				
County's Current Performance: Currently the Probation Department is lacking any systematic tracking system for aftercare services for exiting Probation Foster youth.				
Improvement Goal 1.0 Improve aftercare services for youth exiting the Foster Care system.				
Strategy 1. 1 Coordinate with the Juvenile Court, District Attorney and Minor's Advocates Office to extend Wardship for 6 months to Probation Youth due to exit the Foster Care system through aging out or emancipation.	<input type="checkbox"/>	CAPIT	Strategy Rationale The additional 6 months of Probation Department involvement will benefit the Minor in that we can direct them to the appropriate aftercare services in the critical 6 months directly following release from Foster placement.	
	<input type="checkbox"/>	CBCAP		
	<input type="checkbox"/>	PSSF		
	<input type="checkbox"/>	N/A		
Update – This strategy is currently being delayed until the ramifications of AB12 can be assessed. AB12 allows exiting Foster Care Youth access to services until age 21. Probation is still working internally and with County CPS to establish protocol procedures. We have also created a placement review committee that reviews all DJF returnees and includes representatives from CPS, education, Probation and Behavioral Health. We would like to expand this Committee to returning Foster Care Youth in the future. Therefore, the milestones for this strategy are being pushed back approximately 1 year. It is our expectation that we will complete a policy by the next scheduled update.				
Milestone	1.1.1 Establish an Internal policy on how Youth will be supervised in the additional 6 months of Wardship	Timeframe		Assigned to
		October 2011		Probation Department
	1.1.2 Meet with the Juvenile court Judge to obtain approval for the additional 6 months of Wardship.	January 2012		Probation, Juvenile Court Judge, District Attorneys Office, Minor's Advocate Office

<p>1.1.3 Meet with District Attorney and Minor's Advocate Office to create support with full implementation due shortly thereafter.</p>	<p>January 2012</p>	<p>Probation Department</p>
<p><b>Strategy 1. 2</b>          Improve the communication between the Probation Department and Kings County LLP Coordinator. Reach out to County of Placement's LLP Coordinators.</p> <p>Update – This strategy has largely been accomplished. The Probation Placement Officer works closely with the County LLP Coordinator in setting goals for those Youth preparing to exit Foster Care. There is a computer and workspace available at our Placement office with complete access. Our CWS/CMS terminal is also located at this office and is available for his use. Given current staffing levels, it is not feasible at this time to have Deputy Probation Officers teach LLP courses. We will continue to explore this strategy in the future, but this may be difficult to accomplish.</p>	<div> <input type="checkbox"/> CAPIT           <input type="checkbox"/> CBCAP           <input type="checkbox"/> PSSF           <input type="checkbox"/> N/A         </div>	<p><b>Strategy Rationale</b>          Early implementation and compliance with the Transitional Independent Living Plan (TILP) improves the likelihood that the Minor will follow up with these plans after release from Foster Care.</p>
	<p>August 2011 and on-going</p>	
	<p>January 2012</p>	
	<p>January 2012</p>	
<p><b>Milestone</b></p> <p>1.2.1 Weekly visitation by the Kings County LLP Coordinator to be reinforced by making a desk and workspace available at the Probation Department's Placement/Intake Unit.</p> <p>1.2.2 The Kings County LLP Coordinator will work with the Probation Department's Juvenile Probation Manager to train Probation Officers to teach certain LLP classes.</p> <p>1.2.3 The LLP Coordinator will provide training to certain Probation Staff as to the appropriate way to enter LLP information into the CWS/CMS system to ensure accuracy for the required NYTD information.</p>	<p><b>Timeframe</b></p>	<p><b>Assigned to</b></p> <p>Probation Department/LLP Coordinators</p> <p>Probation Department/LLP Coordinators</p> <p>Probation Department/LLP Coordinators</p>
<p><b>Strategy 1. 3</b> The Probation Department will access</p>	<p><input type="checkbox"/> CAPIT</p>	<p><b>Strategy Rationale</b></p>

existing Mentoring programs offered through the Department of Education and will seek out Community Based Organizations to potentially collaborate on developing mentoring programs for returning Foster Care Youth.

Update -- The Probation Department is meeting with some difficulties in creating a separate and distinct Mentoring program for exiting foster care youth. We still utilize the Department of Educations mentoring program, but have met with some difficulties in partnering with local CBO's to build a Mentoring program from scratch. Additionally, Kings County has recently instituted a CASA program that has involved many potential Mentors. The barriers are significant in this goal, however the Probation Department still believes in the concept of mentoring. Recently the Probation Department entered into an agreement with the Parkview Elementary School District in Armona to provide on-site mentoring to their students and we will continue to explore every opportunity for mentoring into the future. Therefore, the milestones in this strategy have not been met and all should more accurately be reflected as "ongoing".

<input type="checkbox"/>	CBCAP
<input type="checkbox"/>	PSSF
<input type="checkbox"/>	N/A

A majority of youth returning from Placement lack pro-social role models who can help them navigate through the transition from Foster Placement to every day life. Kings County Probation has historically under-used locally available mentoring programs.

Milestone	1.3.1 The Probation Department will meet with the Kings County Department of Education to establish a new referral method to ensure each exiting Foster youth is considered for a Mentor.		Assigned to
	1.3.2 The probation Department will work with existing Community Based Organizations to explore the feasibility of creating a Mentoring Program targeted at exiting Probation Foster Youth.		
	1.3.3 The Probation Department will form a committee to explore and compete for Grants administered by the Kings County Child Abuse Prevention Council (CAPCC) for the		
	Abuse Prevention Council (CAPCC) for the		
Timeframe		January 2012	Probation Department, Department of Education Mentoring coordinator
		January 2012	Probation Department, Community Based Organizations
		February 2012 and on-going	Probation Department, CAPCC

purpose of developing and implementing a Mentoring program targeted at returning Probation Foster Youth.				